



COVER PAGE

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CITY OF BENICIA

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NAME OF FILER (LAST) (FIRST)  
Patterson Elizabeth

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Benicia

Division, Board, Department, District, if applicable

Council

Your Position

Mayor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County \_\_\_\_\_

☒ City of Benicia

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is 01 / 01 / 2014 through December 31, 2014.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2014, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.

☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement. The information herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 03/27/2015

(month, day, year)